Results: 107 patients were identified. Out of these 83 (77.6%) received at least one X-ray examination. A foreign body was seen in 87% of patients under 19 years of age (n=30), but in only 23% of patients aged 20 and over (n=43 and p-value of 0.0001). 60% of the foreign bodies identified were coins. 100% of these were lying in the transverse plane.
Conclusions: Imaging is used inconsistently; a fifth of patients receiving none and the choice of views in the remainder appear random. X-ray investigation is more useful in children. Clearer guidance on who needs an X-ray may reduce the amount of non-useful X-rays performed.
Younger patients are more likely to have ingested a radio-opaque foreign body. Ingested coins were seen in a transverse plane which supports the hypothesis that oesophageal coins are seen in this lie.

0811: LOCAL VS GENERAL ANAESTHETIC FOR NASAL FRACTURE MANAGEMENT: A COMPARATIVE STUDY

Ali Qureishi, Yuki Takagi, Mriganka De. *Royal Derby Hospital, Derby, UK.*
Aims: Manipulations of uncomplicated nasal fractures can be managed under a local or general anaesthetic. The choice of technique utilised varies between departments and individual clinicians. Our study aimed to compare the outcomes of nasal fractures reduced under general and local anaesthesia.
Methods: There were a total of 50 patients recruited , 25 managed using a local anaesthetic infratrochlear nerve block and 25 using a general anaesthetic. The primary outcome was cosmetic appearance following the procedure; this was reported by both the surgeon and patient. Secondary outcomes were complications and pain.
Results: There was no statistically significant difference (P>0.05) between the two groups in terms of patient satisfaction with the position of reduction, complications and perceived pain. Furthermore patients reported an improved experience as they were able to have definitive treatment at their first attendance. In addition the department noted cost savings and increased availability of theatre space to accommodate other surgical procedures.
Conclusion: Nasal fractures can be managed safely, effectively and efficiently under a local anaesthetic as an outpatient procedure. There is no difference in terms of patient outcome whilst there are significant cost savings and an improved patient experience.

0812: THE PSYCHOSOCIAL EFFECTS OF HEARING AID USE IN CHILDREN

Ali Qureishi, Ali Mallick, Matthew Warrilow, Thomas Maggs, David Parker. *Royal Derby Hospital, Derby, UK.*
Aim: Otitis media with effusion (OME) in children is treated using grommets or hearing aids (HA's). Parents considering treatment options express concerns regarding the psychosocial impact of hearing aids in terms of self esteem and bullying. Our study compared the perceived psychosocial impact of HA's in HA and non-HA using children.
Methods: A cross sectional study was undertaken comparing hearing aid users to non-aid users with regards to their attitude towards hearing aids. A modified version of the 'attitudes towards hearing loss questionnaire' was utilised. Participants were aged under 16, without disability, attending mainstream school and diagnosed with OME.
Results: A total of 47 children with aids and 52 with grommets were included. Significant differences (p<0.05) were noted when comparing the groups in terms of bullying, feelings of inadequacy and embarrassment. The negative perceptions of non-hearing aids users was not reported by hearing aid users.
Conclusion: Children with hearing aids do not suffer from bullying and low self esteem to the extent perceived by the general population. This information is vital in allowing parents and patients to make informed decisions regarding their treatment for OME. The 'hearing aid effect' is less prominent in our current society.

0819: BENEFIT TO QUALITY OF LIFE OF NORMAL MRI IAM WHEN INVESTIGATING FOR VESTIBULAR SCHWANNOMA USING GLASGOW BENEFIT INVENTORY

Erin C.S. McIlveen, Nigel K.F. Koo Ng, Andrew Murray. *Crosshouse Hospital, Kilmarnock, UK.*
Aim: To calculate the pick-up rate of vestibular schwannoma in patients undergoing MRI IAM and to asess whether a normal scan produces a demonstrable patient benefit using the Glasgow Benefit Inventory (GBI) questionnaire. If so, this implies, patients anxious about their health were reassured.
Method: Retrospective analysis of MRI scans between July 2011 and Jan 2012 to calculate the pick-up rate for vestibular schwannoma. Referral indications were compared to current guidelines. Patients with a negative MRI were sent a GBI questionnaire to assess perceived benefit from a normal scan.
Results: 187 scans were evaluated, 57 (30.5%) were excluded as they were either positive for vestibular schwannoma, used for cochlear implant assessment or performed in paediatric patients. 6 (3.7%) MRI scans were positive for a previously unknown vestibular schwannoma. 130 patients were sent the questionnaire. The response rate was 89 (68%). The overall GBI score was +4.61, general benefit score + 11.61, social benefit score + 6.22 and physical benefit score + 0.45.
Conclusions: Current ENT guidelines are being followed appropriately with a pick-up rate similar to other studies. There was minimal patient benefit from a normal MRI, and we infer that this group of patients have low levels of anxiety about their symptoms.

0821: A NOVEL METHOD OF REMOVING FRIABLE PAEDIATRIC NASAL FOREIGN BODIES USING A "DOUBLE WAX HOOK"

Michael Chan [1], Bertram Fu [2]. [1] *University Hospital of North Durham, Durham, UK;* [2] *Royal Sussex County Hospital, Brighton, UK.*
Aim: To describe a method of removing paediatric nasal FB's of friable consistencies that are difficult to remove with conventional methods.
Method: 2 standard wax hooks are bind together with tape to form the "double wax hook". Friable nasal FB's (i.e. Play-Doh) can then be removed in the usual manner with the help of a headlamp and a nasal thudicum speculum.
Results: We have found several advantages in the method described above: (1) The equipment required is cheap and accessible in all A&E/ENT departments. (2) There is usually enough space above a nasal FB for the "double wax hook" to be used successfully, without the need to slide the hook horizontally and to turn 90° after reaching the posterior aspect of the FB as would be required in the case of an aural FB. (3) Using a single hook can be difficult as the hook may simply slip pass the side of the FB, or worse still fragmenting the FB into multiple parts. The "double wax hook" in theory halves the force applied by the individual hook tip on the FB.
Conclusions: We have described a novel method of removing difficult friable paediatric nasal FB's that we have found useful.

0838: SECONDARY POST-TONSILLECTOMY HAEMORRHAGE READMISSION RATES; DISCREPANCY IN READMISSION CRITERIA AND REPORTING IMPLICATIONS

Alex Gan, Eleanor Farrar, Pradeep Morar, Antonio Belloso. *Royal Blackburn Hospital, Blackburn, Lancashire, UK.*
Aims: Reporting Secondary Post-Tonsillectomy Haemorrhage Readmission (SPTHR) is a performance indicator for ENT departments. Lack of unanimity criteria for SPTH can deceive hospital performances and invalidate comparison between services.
Method: We report SPTHR rates considering to 3 criteria: no-evidence-of-bleeding, evidence-of-bleeding but no-active-bleeding and active-bleeding. We compare our results against SPTHR rates (4.1%) and return-to-theatre (RTT) rates (1%) published by the National Tonsillectomy Audit (NTA)
Results: From a total of 1496 tonsillectomies performed between 2010-2012, 135 patients were readmitted with SPTH. It was no-evidence-of-bleeding in 67 patients, evidence-of-bleeding but no-active-bleeding in 60 patients and active-bleeding in 8 patients. The SPTHR reported in our department was 9.02% (n=135). Excluding patient without-evidence-of-bleeding, the rate was 4.54% (n=60+8), and 0.53% only considering patients with-active-bleeding (n=8).
RTT rate was 1.07% (n=16); 2/67 (2.98%) from the former group, 6/60 (10%) from the second group and 8/8 (100%) from the last group. Our RTT rate was comparable with the 1% published in the NTA.
Conclusions: Our higher than average SPTHR may be due to lower admitting threshold. Almost half of patients admitted have no-evidence-of-bleeding and the RTT rate in this group was low. We propose more objective criteria/scoring system defining SPTHR and modify readmission criteria to 'evidence-of-bleeding'.